

impotence always occurs in a short time; in fact it is regarded as a cardinal symptom of the disease.—*Centralbl. f. Chir.*, No. 8, 1890.

F. C. HUSSON (New York).

WOUNDS, INJURIES, ACCIDENTS.

1. **Accidents Following the Sojourn of Projectiles in the Tissues.** By Prof. J. CHAUVEL (Paris). In a paper read before the Academy of Medicine of Paris in October, 1887, M. Chauvel held that in those regions of the body where perfect asepsis was difficult or impossible, the general rule now admitted of non-intervention after the lodgement of projectiles should not be observed. Lately he has had to operate on three cases in which the projectile imbedded in the tissues gave rise to very serious symptoms. His cases were:

1. Gunshot wound of right thigh; extraction four months later of the projectile (a piece of iron), which kept up a profuse suppuration, and interfered with the movements of the limb; perfect cure followed the removal of the foreign body.

2. Bullet wound of left knee-joint in 1870, followed by ankylosis at right angles; track of bullet never completely closed, persisting fistulæ, osteitis. Amputation of thigh for relief of symptoms done in 1889. Bullet found lodged in internal condyle.

3. Bullet wound of left hip in 1884, persisting fistulæ and neuralgic pains ever since injury; extraction of a sequestrum from the ilium. The bullet still remains in the pelvis, and the patient is only improved. The doctor, after carefully describing and analyzing the above cases, comes to the following conclusions:

1. Tolerance of bullets is not as common as is generally believed, and is the exception rather than the rule.

2. That immediate extraction of the projectile must not be abandoned, provided the operation is easy and not too dangerous.

3. The accidents following the lodgment of a bullet in the tissues vary according to the nature of the tissues and the seat of the projectile, and often, instead of improving with time, they grow worse.

4. When this is the case surgical intervention is necessary, and the

projectile must be sought for and removed.—*Gaz. Hebdom. de Med. et de Chir.*, No. 3, 1890.

F. C. HUSON (New York).

II. Injury to the Penis During Coition. By DR. ALEXANDR A. NEVSKY (Gorokhovetz, Russia). A healthy and strong gentleman, æt. 25 years, while performing coitus with his wife, suddenly felt an intense acute ("as if cutting") pain about the penis. On immediately withdrawing the organ, he discovered a profusely bleeding laceration. On examining the highly excited patient about half an hour later (during which time the gentleman had lost about half-a-cupful of blood in spite of a continuous application of cold, pressure, etc.) the author found a widely gaping, irregular, deep, lacerated wound with everted and tumefied edges, measuring in length more than an inch, and running transversely along the posterior or lower aspect of the member—about 1 inch from the edge of the foreskin. The latter proved to be unusually elongated and tight, its orifice very narrow, so that the glands could be exposed only to a very slight extent. The wound was at once washed out with a 2% boracic acid lotion and closed with silk sutures, after which the hæmorrhage ceased. In 5 or 6 days, the lesion healed *per primam*. As to the mechanism of the injury, Dr. Nevsky suggests that during the sexual act the patient's long and phymotic prepuce formed a terminal fold looking upward; which led to an extreme stretching of the skin on the lower surface of the organ, the tissues giving way at the point of a maximal distension under some violent pressure of the glans. Pointing out that traumatic injuries to the penis during coitus represent a very rare occurrence, the author says that he has been able to find only two instances of the kind in recent international literature, both being communicated by American practitioners. They are Dr. Veazie's case of a complete fracture of the penis (*New Orleans Medical Journal*, 1884) and Dr. Egerton Davis' (Philadelphia) of strangulation of the member in the vagina (*Deutsche Medicinische Zeitung*, 1885, August 6.) [In the *Lancet*, February 18, 1888, p. 321. Dr. Hulke, of London, relates a very interesting case of sprained penis with a consecutive, long-continued priapism